

NOTICE OF PROPOSED ACTION

Must be sent to DLCD 45 days prior to the final hearing
See OAR 660-18-020

Jurisdiction _____

Date Mailed _____ Local File Number _____

Date Set for Final Hearing on Adoption _____
Month Day Year

Time and Place for Hearing _____

Type of Proposed Action (Check all that apply)

Comprehensive Land Use New Land Use
Plan Amendment Regulation Amendment Regulation

Please Complete (A) for Text Amendments and (B) for Map Amendments

- A. Summary and Purpose of Proposed Action (Write a brief description of the proposed action. Avoid highly technical terms and stating "see attached".):

- B. For Map Amendments Fill Out the Following (For each area to be changed, provide a separate sheet if necessary. Do not use tax lot number alone.):

Current Plan Designation:

Proposed Plan Designation:

Current Zone:

Proposed Zone:

Location:

Acreage Involved:

Does this Change Include an Exception?

____ Yes

____ No

For Residential Changes Please Specify the Change in Allowed Density in Units Per Net Acre:

Current Density:

Proposed Density:

List Statewide Goals Which May Apply to the Proposal:

List any State or Federal Agencies, Local Government or Local Special Service Districts Which may be Interested in or Impacted by the Proposal:

Direct Questions and Comments To

(Phone)

Please Attach Three (3) Copies of the Proposal to this Form and Mail To :

Department of Land Conservation and Development
1175 Court Street, N.E
Salem, Oregon 97310-0590

NOTE: If more copies of this form are needed, please contact the DLCD office at 373-0050, or this form may be duplicated on green paper. Please be advised that statutes require the "text" of a proposal to be provided. A general description of the intended action is not sufficient. Proposed plan and land use regulation amendments must be sent to DLCD at least 45 days prior to the final hearing (See OAR 660-18-020).

* * * FOR DLCD OFFICE USE * * *

DLCD File Number

 # Days Notice

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NOTICE OF WITHDRAWAL/DENIAL

Jurisdiction _____

Date Mailed _____ Local File Number _____

Date Proposal was Provided to DLCD _____

Summary of Proposed Action (Write a brief description of the proposed action.)

This Proposal Was: _____ Withdrawn _____ Denied

Direct Questions and Comments To _____

(Phone) _____

NOTE: If more copies of this form are needed, please contact the DLCD office at 373-0050, or this form may be duplicated on green paper.

* * * FOR DLCD OFFICE USE * * *

DLCD File Number _____

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